

DECLARATION FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHOD OF DETERMINING CELL OR TISSUE TYPE BY TRANSMEMBRANE RECEPTOR IDENTIFIERS**, the specification of which

_____ is attached hereto.

X was filed on August 3, 1999 (Attorney Docket No. CIT1150-1)

as U.S. Application Serial No. 09/366,458

and was amended on _____

if applicable (the "Application").

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability of the subject matter of the Application as defined in Title 37, Code of Federal Regulations ("C.F.R."), § 1.56.

<u>60/095,148</u>	<u>August 3, 1998</u>
(Application Serial No.)	(Filing Date)
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(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
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United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor: William J. Dreyer

Inventor's signature: William J. Dreyer

Date: 10/25/99

Residence: 1875 Devon Road, Pasadena, CA 91103

Citizenship: USA

Post Office Address: 1875 Devon Road, Pasadena, CA 91103

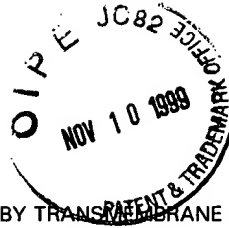
Attorney Docket No.: CIT1100 (06618/337001)

Applicant or Patentee: William J. Dreyer

Serial No. or Patent No.: 09/366,458

Filed or Issued: August 3, 1999

Title: METHOD OF DETERMINING CELL OR TISSUE TYPE BY TRANSMEMBRANE RECEPTOR IDENTIFIERS



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 C.F.R. §§1.9(f) and 1.27(d) - NONPROFIT ORGANIZATION)

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: California Institute of Technology
ADDRESS OF ORGANIZATION: 1200 East California Boulevard; Pasadena, CA 91125

TYPE OF ORGANIZATION

- ☒ [X] University or other Institution of Higher Education
☐ [] Tax Exempt under Internal Revenue Service Code (26 U.S.C. §§501(a) and 501(c) (3))
☐ [] Nonprofit Scientific or Educational under Statute of State of the United States of America (Name of State _____) (Citation of Statute _____)
☐ [] Would qualify as tax exempt under Internal Revenue Service Code (26 U.S.C. §§501(a) and 501(c) (3)) if located in the United States of America
☐ [] Would qualify as nonprofit Scientific or Educational under Statute of State of the United States of America if located in the United States of America (Name of State _____) (Citation of Statute _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. §1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, with regard to the invention entitled METHOD OF DETERMINING CELL OR TISSUE TYPE BY TRANSMEMBRANE RECEPTOR IDENTIFIERS by inventor(s) William J. Dreyer as described in

- ☐ [] the specification filed herewith
☒ [x] application Serial No. 09/366,458 filed August 3, 1999
☐ [] Patent No. _____, issued _____

I authorize and request insertion of the serial number of the application when officially known.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 C.F.R. §1.9(d) or by any concern which would not qualify as a small business concern under 37 C.F.R. §1.9(d) or a nonprofit organization under 37 C.F.R. §1.9(e).

NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 C.F.R. §1.27).

Full Name _____

Address _____

☐ [] Individual ☐ [] Small Business Concern ☐ [] Nonprofit Organization

Full Name _____

Address _____

☐ [] Individual ☐ [] Small Business Concern ☐ [] Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 C.F.R. §1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Adam Cochran

TITLE IN ORGANIZATION The Intellectual Property Counsel

ADDRESS OF PERSON SIGNING 1200 East California Boulevard; Pasadena, CA 91125

SIGNATURE  DATE AUG 13 1999